

LOUISIANA BIRTH REGISTRATION

Sources of Acknowledgment of Paternity Affidavit Forms

Your Louisiana birthing hospital will make an Acknowledgment of Paternity affidavit form available to you during your hospital stay and will notarize the document after you and your child's father sign it. If you want to add paternity information to your child's birth certificate and change your child's name after birth registration, you may use a form printed from our web site or obtain a blank Acknowledgment of Paternity affidavit form from the Central Vital Records Registry Document Alteration Office at 325 Loyola Avenue, Room 102 in New Orleans or the Deputy Local Registrar at your Parish Health Unit.

Preparation of Acknowledgment of Paternity Affidavit – Acknowledgment of Paternity Affidavits are important legal documents. Adhere carefully to the following instructions:

- The paternity affidavit must be prepared using an appropriate Louisiana Acknowledgment of Paternity Affidavit format.
- Submit the original and one copy of the completed, signed and notarized affidavit to the Vital Records Registry. We will process your request, retain the original Affidavit, and forward the copy to the state Child Support Enforcement agency. The parents should also each retain a copy.
- Prepare the affidavit in ink. Black ink is preferred. Affidavits prepared in pencil will be rejected.
- Complete all items. Do not leave an item blank. If an item is "not applicable," so indicate.
- Avoid errors/erasures. If an error occurs, it is recommended that you prepare an entirely new affidavit.
- Verify the spelling of all names. The birth registrant's name will be recorded as shown on the affidavit. Affidavits that show discrepancies between parental and registrant surnames will be rejected as will affidavits that show erroneous dates, etc.
- Sign the affidavit in front of the notary and two witnesses. Only properly notarized affidavits can be accepted.
- Read and initial the Notice of Alternatives, Rights and Responsibilities inscribed on the third page of the affidavit and initial at the bottom of the page.

Note that LSA – R.S. 40:41 provides for a fine of up to ten thousand dollars or imprisonment for up to five years or both for any person convicted of willfully and knowingly providing false information or making a false statement in a Louisiana birth certificate or form presented in support of a birth certificate.

Processing an Acknowledgment of Paternity Affidavit

Acknowledgment of Paternity Affidavits executed in the hospital at the time of birth are submitted to the Vital Records Registry with the birth registration by hospital staff. They are processed and filed without charge. Your child's birth certificate will reflect the name and paternity information shown on the Affidavit.

Acknowledgment of Paternity Affidavits executed after your child's birth has been registered require special processing at the Central Vital Records Registry and statutory fees are applicable. Please be guided by the following:

Submit an appropriate original completed Acknowledgment of Paternity Affidavit, all existing certified cop(ies) of the child's birth certificate or a \$15 search fee if you cannot provide a copy, any supporting evidentiary document(s), the statutory filing fee of eighteen (\$18) dollars, plus the state charge of \$.50 per mail transaction to:

Louisiana Vital Records Registry, Attn: Document Alteration Section, P.O. Box 60630, New Orleans, LA 70160

The fee does not include the cost of a certified copy of the record after the amendment is filed. Please include an additional fee of \$9.00 for each copy of the amended certificate requested at the time of the amendment. Certified copies purchased at a later date will be fifteen dollars each plus the state charge of \$.50 for each mail transaction.

STATE OF LOUISIANA

**ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT
CHILD BORN OUTSIDE OF MARRIAGE**

**NOTICE: You must read all three pages and initial the third page of this form before you sign the affidavit.
This is a legal document. Complete in ink and do not alter.**

SECTION I. CHILD'S INFORMATION

Name of Child - First, Middle, Last (As it appears on birth certificate)		Date of Birth - (Month, Day, Year)
Place of Birth - City, State	Name of Hospital	
Name of Child - First, Middle, Last (As the parents want it to appear on birth certificate)		

SECTION II. MOTHER'S INFORMATION

Name of Mother - First, Middle, Last		(Maiden Name)	Date of Birth - (Month, Day, Year)
Mother's Address			Mother's Phone Number
Mother's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:		Mother's Social Security Number
Mother's Employer - Name & Address			Mother's Occupation
Was Mother Married at Time of Birth Circle One: Yes No	If Yes, Name and Address of Husband		
Does Mother Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.		State Medicaid: Circle One: Yes No

SECTION III. FATHER'S INFORMATION

Name of Father - First, Middle, Last		Date of Birth - (Month, Day, Year)
Father's Address		Father's Phone Number
Father's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:	
Father's Employer - Name & Address		Father's Occupation
Father's Guardian (If Father under age 18) Print Name	Guardian's Address	Guardian's Signature
Does Father Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.	

MOTHER: I certify that I am the MOTHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that the man named above is the biological father of my child. I give my consent to have his name appear on the Certificate of Birth of my child. I further acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

MOTHER'S SIGNATURE

DATE

WITNESS

WITNESS

State of Louisiana, Parish of _____

Signature, then Print Name of Notary/Authorized Hospital Employee

Signed and Affirmed before me on the _____ day of:

State Notary Registration Number: _____

_____, _____.

My Commission Expires on:

FATHER: I certify that I am the biological FATHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

FATHER'S SIGNATURE

DATE

GUARDIANS' SIGNATURE (If Father Under Age 18)

DATE

WITNESS

WITNESS

State of Louisiana, Parish of _____

Signature, then Print Name of Notary/Authorized Hospital Employee

Signed and Affirmed before me on the _____ day of

State Notary Registration Number: _____

_____, _____.

My Commission Expires on:

NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES

This is a legal document. Signing the form is voluntary. Since this form has legal consequences, you may want to consult an attorney before signing.

When this Acknowledgement is properly completed and signed, the biological father's name is entered on the birth certificate and the man becomes the legal father of the child. This acknowledgement has the same effect as a court order establishing paternity and can be used as a basis for entering a child support order.

If either of you is not sure that this man is the biological father of this child, you should not sign the form. You should have a genetic test.

Mothers who were married to someone other than the biological father when the child was conceived or born or were divorced for less than three hundred days when the child was born must use the VRR-44 3P affidavit form, instead of this form.

RIGHTS AND RESPONSIBILITIES OF A PARENT

- Either party has the right to request a genetic test to determine if the alleged father is the biological father of the child.
- The alleged father has the right to consult an attorney before signing an acknowledgement of paternity.
- If the alleged father does not acknowledge the child, the mother has the right to file a paternity suit to establish paternity.
- After the alleged father signs an acknowledgement of paternity, he has the right to pursue visitation with the child and the right to petition for custody.
- Once an acknowledgement of paternity is signed, the father may be obligated to provide child support for the child.
- Once an acknowledgement of paternity is signed, the child will have inheritance rights and any rights afforded children born in wedlock.
- A party who executed a notarial act of acknowledgement may rescind the act, without cause, before the earlier of the following:
 - Sixty days after the signing of the act, in a court hearing for the limited purpose of rescinding the Acknowledgment.
 - A court hearing relating to the child, including a child support proceeding, in which the father is involved.

Thereafter, the acknowledgement of paternity may be voided only upon proof, by clear and convincing evidence, that such act was induced by fraud, duress, or material mistake of fact, or that the father is not the biological father.

BENEFITS FOR YOUR CHILD

Every child has the right to know his or her mother and father and benefit from a relationship with both parents.

Both of your names will appear on the child's birth certificate.

It will be easier for your child to learn medical histories of both parents and to benefit from health care coverage available to you.

It will be easier for your child to receive benefits such as dependent or survivor's benefits from the Veteran's Administration or from the Social Security Administration as well as share any estate should you die.

To indicate that you have read and understood this notice of alternatives, rights and responsibilities, please initial below. If you require further assistance you may call us at (504) 568-5152 and ask for the Alterations Section.

Mother's Initials _____ Father's Initials _____

Distribution: Original to Vital Records, copy for Support Enforcement and for each Parent

STATE OF LOUISIANA

**ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT
CHILD BORN OF MARRIAGE**

**NOTICE: You must read all three pages and initial the third page of this form before you sign the affidavit.
This is a legal document. Complete in ink and do not alter.**

SECTION I. CHILD'S INFORMATION

Name of Child - First, Middle, Last		Date of Birth - (Month, Day, Year)
Place of Birth - City, State	Name of Hospital	
Name of Child - First, Middle, Last (As the parents want it to appear on the birth certificate)		

SECTION II. MOTHER'S INFORMATION

Name of Mother - First, Middle, Last		(Maiden Name)	Date of Birth - (Month, Day, Year)
Mother's Address			Mother's Phone Number
Mother's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:		Mother's Social Security Number
Mother's Employer - Name & Address			Mother's Occupation
Was Mother Married at Conception of Birth Circle One: Yes No	If Yes, Name and Address of Husband		
Does Mother Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.		State Medicaid: Circle One: Yes No

SECTION III. FATHER'S INFORMATION

Name of Father - First, Middle, Last		Date of Birth - (Month, Day, Year)
Father's Address		Father's Phone Number
Father's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:	
Father's Employer - Name & Address		Father's Occupation
Father's Guardian (If Father under age 18) Print Name	Guardian's Address	Guardian's Signature
Does Father Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.	

MOTHER: I certify that I am the MOTHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that the man named above is the biological father of my child. I give my consent to have his name appear on the Certificate of Birth of my child. I declare and affirm that I lived separate and apart from the legal presumptive father for a minimum of one hundred and eighty days prior to the time of conception and have not reconciled since the beginning of the one hundred and eighty-day period.. I further acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

MOTHER'S SIGNATURE

DATE

WITNESS

WITNESS

State of Louisiana, Parish of _____

Signed and Affirmed before me on the _____ day of

_____, _____.

Signature, then Print Name of Notary/Authorized Hospital Employee

State Notary Registration Number: _____

My Commission Expires on: _____

FATHER: I certify that I am the biological FATHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

FATHER'S SIGNATURE

DATE

WITNESS

WITNESS

State of Louisiana, Parish of _____

Signed and Affirmed before me on this date of : _____

Signature, then Print Name of Notary/Authorized Hospital Employee

State Notary Registration Number: _____

My Commission Expires on: _____

HUSBAND/ EX-HUSBAND OF THE MOTHER: I certify that I was married to the mother of this child at the time of conception or birth; however, I am not the biological father. Further, I declare and affirm that I lived separate and apart from the mother for a minimum of one hundred and eighty days prior to the time of conception and have not reconciled with her since the beginning of the one hundred and eighty-day period.

FATHER'S SIGNATURE

DATE

WITNESS

WITNESS

State of Louisiana, Parish of _____

Signed and Affirmed before me on this date of : _____, _____.

Signature, then Print Name of Notary/Authorized Hospital Employee

State Notary Registration Number: _____

My Commission Expires on: _____

NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES

This is a legal document. Signing the form is voluntary. Since this form has legal consequences, you may want to consult an attorney before signing.

When this Acknowledgement is properly completed and signed, the biological father's name is entered on the birth certificate in place of the name of the husband of the mother. This acknowledgement has the same effect as a court order establishing paternity and can be used as a basis for entering a child support order.

If either of you is not sure that this man is the biological father of this child, you should not sign the form. You should have a genetic test.

Mothers who are married to someone other than the biological father or were married to someone other than the father when the child was conceived or have been divorced for less than three hundred days must have the agreement of their husband/ ex-husband to execute this affidavit. Further, the use of this affidavit is limited to cases where the husband and the mother lived separate and apart continuously for a minimum of one hundred and eighty days prior to the conception of the child and have not reconciled since the beginning of the one hundred eighty-day period. If the agreement of the husband cannot be obtained or if the couple cannot meet the statutory requirements, this affidavit cannot be used and in order for the biological father's name to be added to the birth certificate, a court must establish paternity.

RIGHTS AND RESPONSIBILITIES OF A PARENT

- Either party has the right to request a genetic test to determine if the alleged father is the biological father of the child.
- The alleged father has the right to consult an attorney before signing an acknowledgement of paternity.
- If the alleged father does not acknowledge the child, the mother has the right to file a paternity suit to establish paternity.
- After the alleged father signs an acknowledgement of paternity, he has the right to pursue visitation with the child and the right to petition for custody.
- Once an acknowledgement of paternity is signed, the father may be obligated to provide child support for the child.
- Once an acknowledgement of paternity is signed, the child will have inheritance rights and any rights afforded children born in wedlock.
- A party who executed a notarial act of acknowledgement may rescind the act under certain conditions.

BENEFITS FOR YOUR CHILD

Every child has the right to know his or her mother and father and benefit from a relationship with both parents.

Both of your names will appear on the child's birth certificate.

It will be easier for your child to learn medical histories of both parents and to benefit from health care coverage available to you.

It will be easier for your child to receive benefits such as dependent or survivor's benefits from the Veteran's Administration or from the Social Security Administration as well as share any estate should you die.

To indicate that you have read and understood this notice of alternatives, rights and responsibilities, please initial below. If you require further assistance you may call us at (504) 568-5152 and ask for the Alterations Section.

Mother's Initials: _____ Father's Initials: _____